

Access or Correction Request

*Freedom of Information and Protection of Privacy Act
Municipal Freedom of Information and Protection of Privacy Act*

Please see instructions on page 2 before filling out this form

A. Type of Request

- ☒ Access to general records (non-personal information)
☐ Access to own personal information
☐ Access to other's personal information by authorized party
☐ Correction of own personal information

Name of institution request made to Ministry of Health and Long Term Care

B. Requester's Information

Last name <u>McMillan</u>		First name <u>Lorne</u>		Middle initial <u>DK</u>
Unit/Apt. no. [redacted]	Street no. [redacted]	Street name [redacted]		PO box -
City/Town <u>Ottawa</u>		Province <u>Ontario</u>		Postal code <u>K1Y 0Y9</u>
Home phone no. (include area code) [redacted]		Business/Mobile phone no. (include area code & extension) [redacted]		

C. Description of Records or Correction Requested

Requesting incident reports filed by nursing staff (registered nurses, licensed practical nurses, and nurse practitioners) employed by hospitals in Ontario against physicians also employed in Ontario hospitals. Please provide as a database file (SQL or Microsoft Access or CSV file) when at all possible.

Time period of the records		Method of access	
From (yyyy/mm/dd) <u>2018-01-01</u>	To (yyyy/mm/dd) <u>2018-12-31</u>	<input checked="" type="checkbox"/> Receive copy	<input type="checkbox"/> Examine original (on site only)

D. Payment and Signature

\$5 application fee	Signature 	Date (yyyy/mm/dd) <u>2019/02/06</u>
<input checked="" type="checkbox"/> Cheque <input type="checkbox"/> Cash (in person only)		

Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* or *Municipal Freedom of Information and Protection of Privacy Act* and will be used to answer your request.

Questions about this collection should be directed to the Freedom of Information and Privacy Coordinator at the institution where you make the request.

E. Institution Use Only

Date received (yyyy/mm/dd)	Request no.	Comments